

ION S. CORZINE Governor

March 31, 2008

TRENTON, NJ 08625-0295 LOCATION:

MAILING ADDRESS: PO Box 295

50 WEST STATE STREET TRENTON, NEW JERSEY

R. DAVID ROUSSEAU State Treasurer

Frederick J. Beaver Director

TO: Eligible State Health Benefits Program Retirees

FROM: SHBP Retiree Wellness Program Coordinator

SUBJECT: **Announcement of the SHBP Retiree Wellness Program** 

The State Health Benefits Program (SHBP) is happy to introduce you to the SHBP Retiree Wellness Program. Participation in the Retiree Wellness Program results in a waiver of the required health contribution you otherwise would have had deducted from your retirement allowance. The Program provides for early detection and intervention to address health risk, as well as encouraging the development of healthy lifestyles designed to promote wellness and prevent disease. Your health plan will assist you in achieving your health goals by providing information on health plan provided programs and instruction that promote healthier living. In addition, your health plan will remind you of critical tests and screenings necessary to monitor your health and provide guidance to those now struggling with chronic disease.

It is the hope of the SHBP that active program participants will enjoy a longer, active, and healthier life. Your enrollment begins by agreeing to and signing the attached Pledge for Healthier Living and submitting it to the Retiree Wellness Program Coordinator within three weeks of receipt of this letter.

Eligible retirees are those former State employees and former employees of State colleges and universities who attained 25 years of pension membership credit in a State administered retirement system on or after July 1, 2007 and retired after that date or retired on a disability retirement on or after August 1, 2007. According to our records you meet the eligibility requirements for participation.

Chapter 103, PL 2007 requires that former State employees and former employees of State colleges and universities who meet the above eligibility requirements and are enrolled in the Retired Group of the SHBP pay 1.5 percent of their retirement allowance<sup>1</sup> as a health contribution. Retirees who actively participate in the Retiree Wellness Program are exempt from paying the health contribution.

<sup>&</sup>lt;sup>1</sup> The health contribution for ABP retirees is equal to 1.5 percent of 50 percent of the highest salary received in the five years prior to retirement.

Retirees will be considered active participants in the Retiree Wellness Program provided they:

- Agree to and submit the signed Pledge for Healthier Living within 3 weeks of receipt of this letter;
- Complete a Health Risk Assessment (HRA) annually<sup>2</sup>;
- Have a medical check-up annually<sup>2</sup>;
- Have age and gender appropriate tests and screenings performed when recommended; and
- o Participate in their health plan's disease management program when recommended if they are diagnosed with a chronic disease.

Shortly after you return the Wellness Pledge, your health plan will contact you to provide instructions on completing the HRA. Completing the HRA is the next step in the enrollment process. Your health plan will share the results of your HRA with you. It is strongly recommended that you give a copy of the results to your physician so they can also assist you in achieving your health goals. Please be assured that the results of your HRA will not be shared with the SHBP. You will have 60 days from your retirement date to complete the HRA.

Participation in the Wellness Program is strictly voluntary. But if you choose not to participate in the Program the health contribution will be deducted from your third retirement check. In addition, failure to have the annual medical check-up and/or appropriate tests and screenings will result in the health contribution deduction effective with the January 1<sup>st</sup> retirement check and continuing for the entire calendar year. Each October you will be given the opportunity to enroll in the Wellness Program effective the following January.

<sup>&</sup>lt;sup>2</sup> Your HRA must be updated by January 31<sup>st</sup> each year. If you retire in the last four months of the year, you have until December 31<sup>st</sup> of the year following your retirement to meet the annual requirements of the Program. In addition, you need not update your HRA until the January 31<sup>st</sup> of the year following the year after your retirement. For example, if you retired on October 1, 2008, your initial HRA would need to be completed by November 30, 2008 and updated by January 31, 2010 and each January thereafter.

## SHBP RETIREE WELLNESS PROGRAM PLEDGE FOR HEALTHY LIVING

A commitment to healthy living is a life choice. Your focus on wellness can help you lead a long, active, and healthy life. The SHBP Retiree Wellness Program emphasizes maintaining a healthy lifestyle, reducing your risks for chronic illness through disease prevention, and annual checkups. Your commitment, along with the help of your health care provider, can help you attain and maintain your healthy lifestyle goals.

I wish to be a member of the State Health Benefits Program Retiree Wellness Program. By continuing to fulfill the requirements of the Wellness Program I will not be required to pay a health contribution of 1.5 percent of my monthly pension allowance<sup>1</sup>. I understand that to remain exempt from the health contribution of 1.5%, I must fulfill the requirements of the Program on an annual basis.

As an active participant of the Retiree Wellness Program, I will:

- ✓ Complete a Health Risk Assessment (HRA) annually<sup>2</sup>;
- ✓ Have a thorough medical check-up annually²;
- ✓ Participate in my health plan's disease management program when recommended if I have been diagnosed with a chronic disease; and
- ✓ Take the following tests and/or screenings as appropriate to my age, gender and generally accepted frequency based upon the medical advice of my health care provider: Blood tests, Mammogram, Pap Test, Colorectal Screening, PSA Test.

Member Signature	
Member Social Security Number	Member Name (Please Print)

Please return your completed pledge within three weeks of receipt to:

Retiree Wellness Program Coordinator Division of Pensions and Benefits P.O. Box 299 Trenton, NJ 08625-0299

<sup>&</sup>lt;sup>1</sup> The health contribution for ABP retirees is equal to 1.5 percent of 50 percent of the highest salary received in the five years prior to retirement.

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